

higher weight (72.7kg) than no lower extremity OA group (0.298 kg/kg weight and 65.5kg respectively; $p < 0.05$). In this sample, baseline lower strength ($RR=0.02$) and higher weight ($RR=1.03$ per kg) were independently associated with greater risk of disability transitions ($p < 0.05$). Baseline lower strength was also a risk factor for incident knee pain over 36 months ($p < 0.01$).

Conclusions: Lower extremity OA, lower knee extensor strength, and higher weight increase the risk of disability transitions substantially over 36 months in high functioning older women.

PB10

EVALUATION OF SAFETY AND EFFICACY OF Hylan GF-20 IN KNEE OSTEOARTHRITIS WITH CHONDROCALCINOSIS

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Background: Pseudogout attacks following hyaluronan and hylan intra-articular injections have been reported, suggesting that viscosupplementation should be avoided in calcium pyrophosphate dihydrate (CPPD) deposition disease. In a previous prospective study, we evaluated sodium hyaluronate (Hyalgan) injections in a series of osteoarthritis (OA) of the knee with chondrocalcinosis, and found no instance of acute pyrophosphate arthritis (Daumen-Legre et al, *Arthritis Rheum* 1999, [abstr] 9: Si 58). Only mild local reactions were recorded after 7.3% of the injections. No data is yet available concerning hylan injections in CPPD disease.

Objective: To evaluate the occurrence of adverse events and the efficacy of a Hylan GF-20 (Synvisc) course in patients with both knee OA and CPPD disease.

Methods: 24 knees in 21 patients with painful osteoarthritis (ACR criteria) and radiological typical chondrocalcinosis, were given three intraarticular injections of Hylan GF-20 at 1-week intervals, with a definite injection technique, in a 6-months follow-up prospective open study. The occurrence of adverse effects and clinical outcome (pain visual analog scale (VAS), functional Lequesne index, WOMAC) were evaluated at baseline, final injection, week 2 and week 22.

Results: No acute pyrophosphate arthritis occurred in this series. 8 transient knee pain or swelling reactions (severe in one case) were recorded after the 72 Hylan injections (11%) in 7 patients, without discontinuation of the treatment. Significant improvement of pain and function ($p < 0.001$) was found at evaluation of 21 knees (3 patients lost), using a Wilcoxon test.

Conclusion: Hylan GF-20 injections did not induce pseudogout attacks in OA patients with CPPD deposits. Transient non crystal induced local reactions occurred in 29% of patients. This study also suggests the beneficial clinical effects of Hylan in knee osteoarthritis with chondrocalcinosis.

PB11

WHO ARE THE PATIENTS WHO CONSULT FOR OSTEOARTHRITIS: RESULT OF A NATIONWIDE SURVEY ON 10 000 PATIENTS

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Osteoarthritis (OA) is a public health problem in many countries, but its clinical burden is not precisely known. This is mainly due to its considerable variability and the relative lack of reliable clinical data in administrative databases.

Methods: In 2000, a nation-wide survey of more than 5,000 physicians, either general practitioners (90.3%) or rheumatologists (9.7%), representative of the French medical demography, was conducted. Each recruited the first 2 patients consulting for hip, knee or hand OA after the onset of the survey.

Results: Clinical and social information was available for 10412 OA patients, mean-age 66.2 ± 10.2 years, sex ratio (F:M) 1.96. For 84.5% of them, OA diagnosis was based on both clinical and radiographic findings. 88.3% had already consulted their physician for an OA problem.

Joint involved	Hand	7.5%
	Hip	13.7%
	Knee	31.5%
	Polyarticular (< 1 joint involved)	47.3%
OA Duration		9.3 ± 6.8 years
Symptoms	Pain only	29.1%
	Functional Impairment (FI) only	18.6 %
	Pain and FI	39.9%
	Pain, FI and swelling	8.1%
Mean duration of pain in previous month		15.7 ± 6.6 days
Mean number of flares in previous year		2.4 ± 0.6
Prosthesis prevalence	Hip	6.6 %
	Knee	3.9 %

Conclusion: This study provides a nationally representative description of patients consulting for OA in France. Almost half of people consulting for OA have polyarticular arthritis. On average, patients suffered from OA 15 days within the 30 days preceding the visit, and experience between 2 and 3 flares in the year before the survey. OA patients who consult seem to have very symptomatic forms of OA.

PB12

MANAGEMENT OF OSTEOARTHRITIS (OA) WITH PATIENT-ADMINISTERED ASSESSMENT TOOLS AND/OR UNSUPERVISED HOME-BASED EXERCISES PROGRAM.

A 2x2 FACTORIAL DESIGN CLUSTER RANDOMIZED CONTROLLED TRIAL

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Objectives: To evaluate the short term symptomatic efficacy of patient-administered assessment tools (Tools) and home non-supervised exercises programs (Exercises) alone or in combination in OA patients.

Methods:

Design. A 24 weeks open cluster randomized controlled-trial with a factorial design.

Setting. French rheumatologists ($n=867$) were assigned to 4 groups: Tools ($n=220$), Exercises ($n=213$), Tools + Exercises ($n=213$), no intervention ($n=221$). Patients. Each rheumatologist had to enroll 4 painful OA patients (knee OA: 3, hip OA: 1). Interventions. 1) Tools: weekly diary including the record of pain and disabling activities 2) Home-based exercises programs with the aid of videotape and booklet, performed daily. Concomitant therapy. All patients received rofecoxib (12.5 mg or 25 mg QD). Outcome variables.

Pain (VAS 0-100), WOMAC function subscale (0-100), patient assessment of the quality of care (0-100).

Results: Overall 2957 patients (2216 knee OA, 741 hip OA) were included. After 24 weeks, both pain and function improved (-17 ± 27 , -20 ± 29 , -15 ± 27 , -19 ± 29) and (-11 ± 19 , -12 ± 19 , -10 ± 19 , -11 ± 20) in the different groups (Tools, Exercises, Tools + Exercises and no intervention groups respectively), without statistical significant difference between groups. Patient's assessment of rheumatologist implication to preserve their activity was

77.7 and 81.3 in the exercises groups and 63.4 and 63.5 in the other groups.

Conclusion: Although the patient's assessment was in favor of the exercises programs, this study failed to demonstrate short term symptomatic effect of the two non pharmacologic evaluated treatments in OA patients concomitantly receiving Cox-2 inhibitors.

PB13

OSTEOARTHRITIS AND JOINT HYPERMOBILITY SYNDROME IN CROSS -EXAMINATIONS

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Aim: The aim of the study was to compare the frequency of availability and peculiarities of osteoarthritis (OA) in joint hypermobility syndrome (JHS) and without it with that of JHS in OA and without it.

Methods: In 813 patients with JHS and in 980 persons without it, the frequency of OA occurrence was studied according to the criteria of Benevolenskaya L.Y. and Bredovsky M.M. (1986). In 695 patients with significant OA from another population and 1153 healthy control persons, the frequency of JHS occurrence was studied according to the criteria of C. Carter and G. Wilkinson (1964) in P. Beighton and F. Horran's modification (1970). Risk Index (RI) was determined by V. V. Dvoirin's method (1975).

Results: OA in JHS appeared to be available 4 times as much (32.7%) than without JHS (8.3%), while JHS is revealed 2.5 times as much in patients with OA (28.2%) than without it (13.5%). The correlation of men to women in the both groups was 1:4. In patients with JHS we mainly reveal generalized OA (96.6%), much more rarely peripheral joint (1.5%) and spine (1.9%) OA while in the group of persons without JHS, peripheral joint OA is predominant (70.7%).

Results

Interdependence and correlation between OA and JHS is evident, since 1) JHS increases the risk of OA development 3 times as much (OR=3) while that of generalized OA - 7 times; 2) Among all the patients with OA, JHS is observable 2.5 times as much than in the control group.

PB14

SIMILAR PAIN BUT WORSE FUNCTION COMPARED WITH MATCHED CONTROLS 3-5 YEARS AFTER TOTAL HIP REPLACEMENT FOR OA

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Objectives: To investigate in a prospective follow up study the long term (3-5 year) patient relevant outcomes after total hip replacement in comparison with an age, sex and municipality matched group of controls.

Methods: 219 patients (120 women) with a mean age at time of surgery of 68 years (50-92) were included in the study. All patients had a primary unilateral total hip replacement performed because of primary osteoarthritis. The group of controls consisted of 117 individuals without hip complaints, matched by age, sex and municipality.

The patients and the controls were investigated with SF-36 and WOMAC, scored on a scale 0-100, worst to best, preoperatively 3, 6, 12 months and 3-5 years postoperatively.

Results: In all, 198 (106 women, mean age 71) of the patients participated at the 3-5 year follow-up; 8 had died during the follow-up period and 13 abstained; 83 (46 women, mean age 71) of the controls participated; 8 had died and 26 abstained. There were no differences between the patients and the controls in the SF-36 subscales except physical function (PF) where the controls scored significantly better (71 vs. 59 $p < 0.0001$). There were statistically significant differences in the WOMAC pain and function. The controls showed less pain (87 vs. 82, $p = 0.006$) and better function (84 vs. 74, $p > 0.0001$) than the patients. The differences in pain, however, of doubtful clinical significance.

Conclusion: This prospective study has shown that 3-5 years after total hip replacement the patients experience similar pain but worse function compared to matched controls followed at the same intervals. However, the health related quality of life in general was the same.

PB15

THE RELEVANCE OF VIRTUE ETHICS TO PATIENTS WITH CHRONIC OSTEOARTHRITIS

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Aim: To explore the relevance of virtue ethics (VE) to patients with chronic osteoarthritis (OA).

Methods: An Aristotelian concept was used to construct a guide to in-depth, semi-structured interviews, carried out with five patients with chronic osteoarthritis. They were tape-recorded, transcribed and analysed (using interpretative phenomenological analysis) for themes relating to possible virtues needed to allow a person to thrive in spite of having chronic, painful and disabling OA.

Results: The five patients ranged in age from 63-89, and all had large joint OA (hip and or knee disease) of 2-16 years duration. Five main themes emerged from the interview transcripts: strength (determination), realism (gaining a realistic understanding of the condition), gratitude (appropriate gratitude for relative good fortune), identity (feelings of self-worth) and insight (maintaining interests and relationships of importance). Each of these themes fit well with existing concepts of virtues within philosophical literature, from Aristotle and St Thomas Aquinas, to the modern theories of MacIntyre. The emphasis that VE theory places on the development of virtues throughout the course of life, and their importance to our response to adversity seemed to be mirrored by the experiences of our patients.

Conclusions: People with chronic pain and disability respond to their condition in a variety of ways, with different outcomes. This is generally described in terms of coping theory or quality of life. Virtue ethical theory can be applied descriptively to the experience of people with chronic OA, and may help us (and them) understand their different coping strategies and their quality of life in the face of arthritis.

PB16

MEASUREMENT OF THE OSTEOARTHRITIC KNEE JOINT SPACE WIDTH

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Objective: (1) To evaluate various methods of measurement of the femorotibial joint space width; (2) to evaluate the impact of the quality of knee radiography in the assessment of joint space narrowing progression.

Methods: A total of 58 patients with femorotibial osteoarthritis (ACR criteria) were radiographed both in the standard position